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LEADING ARTICLES

THE TREATMENT OF THE MORE COMMON SECONDARY SYMPTOMS OF DIABETES.

ALFRED C. CROFTAN, M. D.

CHICAGO.

Most of the complications of diabetes disappear promptly with the reduction of the glycosuria. Sometimes a more rigid diet must be ordered for a time than would otherwise be given on account of the complications, so that a mild type of diabetes, for instance, must be treated like a case of medium severity. Now and then it becomes necessary further to employ special methods for the relief of very obstinate, very distressing or particularly dangerous symptoms.

STOMATITIS.

The stomatitis, gingivitis, pyorrhea, the loosening and caries of the teeth may be due either to localized infections or to trophoneurotic influences. The mouth manifestations are among the most distressing symptoms of diabetes. It is important that every case of diabetes should, from the beginning, be instructed carefully in regard to the possibility of mouth complications, and taught how to obtain mouth asepsis and to perform the proper toilet of the teeth and gums. After each meal a diabetic should rinse his mouth and cleanse his teeth, preferably with 3% solution of sodium carbonate in warm water to which may be added as a flavor a few drops of the tincture of eucalyptus or a little menthol. Mechanical irregularities of the teeth should be corrected early, preferably during the aglycosuric period. All articles of food that can mechanically scratch or injure the gums and very hot beverages should be forbidden. A hard tooth brush should never be used.

Excessive fetor may be corrected by using the following mouth wash:

℞	Beta-naphthol	0.2
	Sodium biborate	20.0
	Peppermint water	200.0
	Distilled water	1000.0

If the gums are painful and bleeding, the following mouth wash is useful:

℞	Tincture of opium	2.0
	Chlorate of potash	
	Biborate of soda ..... aa	10.0
	Decoction of marsh mallow root	1000.0

PRURITUS.

Pruritus, either general or localized, especially about the genitals, is one of the earliest, most distressing and most obstinate symptoms of diabetes. General pruritus is presumably due to irritation of the cutaneous nerves by circulating sugar. In most cases its intensity fluctuates with the degree of glycosuria and the symptom frequently disappears without further interference when the urine becomes sugar free, only to reappear again, however, when more liberal carbohydrate feeding is instituted and the hyperglycemia increases. The best remedy for internal use and almost a specific is sodium salicylate, in doses of 30 grains (0.6 to 2 g.) several times a day. Local applications are of very little value in general pruritus.

In pruritus around the genitals, due in many cases, to the development of fungi (mycosis vulvae), treatment directed towards the reduction of the glycosuria, sodium salicylate internally and anodyne powders or ointment applied locally usually relieve. A 5% cocaine ointment or 2-3 per cent eucaine ointment, or a dusting powder containing 10% of orthoform combined with frequent washing of the parts without rubbing or scratching usually promptly produce relief.

DYSPEPTIC SYMPTOMS.

Dyspeptic symptoms arising in the course of diabetes always call for particular attention. First, because diabetics, more than sufferers from any other disease, are dependent for the maintenance of their existence upon an intact gastro-intestinal tract. Second, because dyspepsia, especially in severe types of diabetes is frequently a precursor and a determining factor in the development of coma. Dyspeptic symptoms not uncommonly arise from montonous one-sided feeding, e.g., from an excessive meat-fat diet, or simply from over-loading the stomach (polyphagia) with resulting functional over-taxation and mechanical dilatation.

In very severe cases of gastric irritation, the best plan of all is to withdraw food completely for a period of twenty-four hours, allowing merely a little broth or diluted milk, or a little claret in water, and, at the same time, feeding the patient by rectum. In order to allay the gastric hyperalgesia and the vomiting, cerium oxalate in 1 grain doses, frequently repeated, or cocaine (2 drops of a 1% solution in one-half a glass of water, a teaspoonful every fifteen minutes) or teaspoonful doses of 2% chloroform water should be given, while either cold or hot applications, according to the likes of the patient, should be applied over the epigastrium. The severe thirst that usually appears during the period of food and drink restriction can, to some extent, be mitigated by allowing these patients to chew gum, to swallow small pieces of ice at frequent intervals or even to smoke a little.

After this rest cure for the stomach, the patient should be put for a day or two upon broths, milk and gruels composed of almond meal or gluten-flour, and then gradually the broad dietary resumed, care being taken all the time that the maximum of food is introduced by rectum in order to maintain the general nutrition.

The more chronic dyspeptic disorders in diabetes call for careful analysis of the gastric function and corresponding treatment, the details of which cannot be discussed in this place.

CATARRH OF THE BOWEL.

Catarrh of the bowel is always serious in diabetes. Acute catarrh with profuse diarrhea should be attacked most energetically in every case; for the interference with food assimilation that results rapidly weakens the patient and not infrequently precipitates coma. Bismuth subnitrate in doses of 15 to 20 grains (1 to 2 g.), with extract of opium one-half grain, and tannic acid suppositories containing about 3 grains (0.2 g.) of the drug should be given at frequent intervals until the diarrhea is checked. An attempt should be made to feed the patient by mouth as soon as the bowel movements are controlled. During the diarrhea, brandy and water should be frequently given by mouth, in small doses, preferably ice cold, both to support and, in a measure, to nourish the patient.

DIARRHEA.

Fatty diarrhea (steatorrhea) is not uncommon. Here possibly the involvement of the pancreas and hepatic insufficiency can be made responsible. The fats in the diet should be reduced. Sodium carbonate or calcium carbonate, in 10 grain (0.65 g). doses with pancreatin or ox gall of each 5 grains (0.3 g). should be administered at frequent intervals during the day.

CONSTIPATION.

Obstinate constipation is also often a troublesome and a dangerous complication. It, too, not infrequently precipitates coma if allowed to persist. Here absorption of bowel poisons from stagnation and putrefaction of bowel contents must be accused of determining the attack of coma. Usually abundant fat feeding and the restriction of carbohydrates is enough to counteract the constipation. Saline waters or a lemonade made as follows:

℞ Glycerin..... 3 parts
Citric acid..... 5 parts
Water..... 1000 parts

the whole quantity to be administered during the day, are all useful measures. The best medicines to counteract the constipation in diabetes are rhubarb and soda mixtures, either mistura rhei et sodae 2 drachms to 3 ounces (10 to 100 cc.), or the following powder:

℞ Rhubarb root.....
Sodium bicarbonate.....
Sulphur precipitated...aa 5 grs. (0.3 g.)
To be taken at night, preferably in milk.

NEURALGIAS.

Among the most distressing secondary symptoms of diabetes are the neuralgias, especially about the sciatic nerve and the brachial plexus, and a variety of other nervous disorders manifesting themselves either as sensory or motor disturbances, or, above all, as trophic disorders. Among the latter, perforating ulcer and gangrene, herpes, pemphigus and glossy skin, brittleness of the nails, loss of hair and teeth and diabetic neuritis may be mentioned.

NERVOUS DISORDERS.

The majority of these nervous disorders rarely require special treatment, for they yield spontaneously if the hyperglycemia (scil-glycosuria) is reduced. The symptomatic treatment of the neuralgias is rather unsatisfactory, for the ordinary antineuralgic remedies rarely suffice to control the pain. The best combination of drugs, in my experience, is quinine and opium, given as follows:

℞ Quinine sulphate....10 grs. (0.65 g.)
Extract of opium.... ¼ gr. (0.0015 g.)

In capsule repeated three or four times a day.

Antipyrin, in 5 grain (0.35 g.) is also occasionally of use, especially as it seems to exercise some effect upon the glycosuria.

GANGRENE.

Gangrene is one of the most distressing and dangerous complications of diabetes. When it is once fully established, amputation of the affected member becomes necessary. Most surgeons recommend dressing the gangrenous extremity with a moist boric acid solution and awaiting the appearance of the line of demarcation before performing amputation. In diabetic gangrene, particularly, the amputation should be performed high up in the region of healthy arteries. With the appearance of gangrene, the diet should never remain altogether carbohydrate free. It is always better to allow from 50 to 100 g. of white bread or its equivalent.

Occasionally prophylactic treatment can be instituted, especially in old people or in alcoholics, or in individuals with marked arterio-sclerosis, who complain of certain premonitory signs like continuous pain, tingling or hyperesthesia in an extremity. Here everything should be done to promote the venous back flow from the affected member. Hot foot-baths and massage should be energetically instituted, while, at the same time, every effort should be put forward to reduce the glycosuria.

100 State street.

Lesions Predisposing to Cancer.—M.B. Hutchins, Atlanta, Ga (Jour. A.M.A., July 7), enumerates the various skin lesions which may produce cancer, such as the irregular scaly, crusty, horny patches seen on certain skins, fissures, lupus, moles, X-ray ulcers, irritation from jagged tooth, also cases of so-called benign tumors and cysts. He urges the importance of attention to these conditions in time to prevent their malignant development and gives brief reports of a number of illustrative cases.

THE ATYPICAL, THE INDEFINITE.

J. R. LANDERS, M. D.

BERNADOTTE, ILL.

If each individual physician's opinion could be collected as to what class of cases are most unsatisfactory, and for which we prescribe with least confidence we have little doubt the consensus would be that the atypical of indefinite manifestations are most vexing and are prescribed for with least certainty. The typical syndrome of the definite disease is usually readily recognized, and we are able to apply some treatment approved or prevalent and be the result satisfactory or otherwise we may feel blameless, even if uncomfortably so. But the atypical syndrome, the indefinite symptom complex not conforming to any type vexes and gives rise to doubt. And no less so because the patient may consider it a minor matter easily dispelled, and that any sort of a doctor ought to comprehend and cure without thought. Some will say that they have "dyspepsia, and surely it is easy to cure dypsepsia" or a cold and "it isn't any trouble to cure a cold," or a cough, and "lots of people can cure a cough, and certainly a doctor can do so magically or ought to." And rheumatism, "rheumatism don't need much of anything, just something to stop the pain." And so it goes, grave and important disturbances of the body are frequently considered of little or no consequence, and a few cents worth of medicine—"The cold conqueror," "cough cure," "pain preventor" and "rheumatic reversor" should each dispel the difficulties in the respective fields magically and permanently. Should the physician suggest examination to determine conditions and understand the indications he would brand himself an incompetent in their estimation, unless very diplomatically explained. Magical relief is expected and frequently for all manner of departures from health representing all degrees of pathology from simple cough to hydrothorax, from discomfort incident to imperfect or incomplete digestion to organic disease of the digestive apparatus, from flatulency or colic to typhilitis and appendicitis, from simple annoyance and uneasiness in the pelvis to malignant disease of the pelvic viscera and from pruritus ani to cancer of the rectum. Doubtless every practician who has had his shingle out any length of time can verify this statement from experience. Such has been our personal experience. We recall a malignant gastric disorder where the patient insisted it was a little indigestion of immaterial consequence, and a little digestive agent was all they needed till

too late. Another, a man 30 years old, came in with the information that he just dropped in to get something to stop his cough, as it had been troubling him for several weeks, and did not seem to get any better, so he thought he would come in and get a few doses of medicine to stop it. When it was suggested an examinaion be made to discover the cause he did not think it necessary. "It was just a cough and he wanted something to stop it." When asked why he was so "short of breath," as he was breathing rapidly, he said it was caused from coughing so much, notwithstanding he had hydrothorax. We mention these cases to show the possibility of error, but we had intended to direct our attention to the more simple cases and to some remedial measures usually applicable and essential.

It may be only a cough, but what shall we do for it? If we have the opportunity to observe and note the character of the cough it may solve the problem, and we may be able to see and meet the indication. But sometimes patients do not cough for diagnostic purposes, and sometimes to it may not, cannot solve the problem. There are always some plain indications, and it cannot often be amiss to clean out the internal premises and disinfect them and render toxemia less probable or less pronounced. Then the vital forces being less hampered and eliminants less taxed the normal balance may be resorted, when the cough will vanish. There may be other needs. The vital forces may be depressed with function and functionating power inadequate and need help. The vasomotors may be unbalanced and cannot competently govern and maintain the circulation, and will need relaxants to overcome spasm of arterioles on the one hand and a revitalizer and constrictor to overcome paralysis on the other, or in another locality or situation. In a word, we assist in systemic adjustment. In some cases the cough continues and seems to be both cause and effect—maintaining a vicious circle the irritation caused the cough, and the cough keeps up the irritation. The indication would then seem to be to stop the cough. If correct and we stop the cough by obtunding sensibility for from three to twelve hours it does not reappear. Probably such is not frequently correct practice. But if the vital organs are properly functionating so far as we can see, and the eliminating organs active and irritable cough continues, the indication is to stop the cough, by obtunding sensibility, render inoperative the perpetuating cause. And we have all seen what appeared good and satisfactory results. Here as elsewhere we believe in cleaning the prima via bringing up vital force and function when we have conditions most favorable to determining the weak point or the cell and somatic need. We have seen the hach! hach! hach persistently recurring every few minutes without expectoration yield quickly and pleasantly to a few milligrame doses of apomorphine to bring out secretion. And cases where there was harassing paroxysms of coughing ending up with the expectoration of a small amount—a drop or two of glairy stickly mucus as quickly yield to half milligramme doses of veratrine—or aconitine. But it is not always easy to determine the cause of the persistency of a cough, in fact it is too frequently impossible to do so. However, we are not justified in masking by obtunding with opiates longer than twelve hours. If after this the cough persists the indications were not well met and opiates are contraindicated. To stimulate the sustaining and eliminating functions with the mild chloride of mercury and sweep out the prima via with a saline laxative, disinfect with the sulphocarbolates and keep it so. To adjust vasomotor balance, poise the governing power, sustain or help sustain tissue tonicity and body balance can scarcely be amiss or contraindicated.

The "dyspepsia patient" is frequently a source of our annoyance and discomfort as well as his own. To put them under systematic observation may be as impractical as impossible and to diet a patient is one of the greatest difficulties it has been our misfortune to attempt—an impossibility, at least, till the condition has made the patient wake up to the facts. We likely have a patient who has had a few attacks and apparent recoveries, but now he fails to get relief or complete relief—his stomach is a little uneasy, a little pain, a little langour, a little headache, and a little appetite, or a big one, yet he is not convinced that it will require any material measures to cure him.

And right here is an opportunity to apply the "clean out, clean up and keep clean" method and witness the prompt and beneficial results, and also to witness the practical value of intestinal antiseptics, and the brilliant work of the sulphocarbolates as such which are desirable, decided and incomparable. We would not underrate diagnosis, undervalue its importance, nor encourage guess work or haphazard prescribing, but there are times when it may be impossible to make a clear cut diagnosis for different reason, notably among them we may mention getting the patient's assistance which may not be possible and he will not cooperate with the physician till his own time. Nothwithstanding it is never undesirable nor a non-essential, no matter where

the break or deficiency to clean out and disinfect the gastrointestinal tract, adjust nerve disequilibrium, sustain muscular tension and balance the circulation to as nearly normal as may be to preserve atomic and somatic competency most efficient when small auxillary means to initiate or mature proper functioning may often prove adequate.

We make no effort to lay down flat, fast rules, but simply mention some indications which are always present and remedial measures always practicable.

SEQUEL TO THE "WHOLESALE POISONING" SCARE.

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BROOKLYN, N. Y.

READERS of the MEDICAL FORTNIGHTLY will probably be able to recall two articles that appeared in the issues of October 10th and November 25th, 1905, the first by Dr. C. F. Wahrer, of Fort Madison, Iowa, and the second by the writer of this article, that treated of a so-called "Wholesale Poisoning" of the public by impure food. The sequel to these two papers is of so much general interest to the medical profession that it has occurred to me that a supplementary word upon this subject would not be amiss at the present time. Soon after my article appeared in the FORTNIGHTLY letters were received by me both condemnatory and commendatory of my position. One commendatory letter reached me from a Chicago merchant who had been shown the paper by a physician. In it he asked whether there was or was not any objection on my part to his having it reproduced in pamphlet form for general distribution. As the subject was not a purely professional one, as it was one of national importance, and as my complete retirement from active practice was about to take place, the conclusion was reached that the granting of such a right could not be construed as an attempt at unethical advertising. No reason could, therefore, be found for objecting to the proposal, and an answer was returned to the effect that he had my consent. Could the consequences have been foreseen there might have been considerable hesitation in returning such a reply. The strain which it brought upon my none too vigorous health was more than my courage might have dared to face. On receiving the Chicago correspondent's letter with its "thank you for your kindness" my supposition was that this closed the incident. A few weeks later the postman delivered at my office a small pamphlet bearing the title of "The Wholesale Poisoning Scare." This was the first appearance it had made to me, and the facts here given constitute all that is known to me about its distribution. A few days after the reception of the pamphlet a deluge of correspondence came pouring in upon me. This continued until letters had been received from medical men in nearly every State. Some of these contained vehement protests against my attitude on the pure food question. An equal number of the writers were profuse in their words of praise. It was particularly noticed that while every letter of praise contained inherent evidence of the fact that the writers were men of education the same could not be said of but few of the protestants. The most abusive gave ample evidence in their orthography and syntax of very deficient education. In miserable scrawls they poured out the vials of their wrath in such choice expressions as "How mutch did you git for riting such thrash!" "You are a d—d full," "The riter of this pamflit is an ijiot, scamp, and liar," etc. From the communications of the better educated among those who took offence at the reprint the following words are copied: "I have read it with interest as the first article I have seen that defends food adulteration." "If any real M.D. has actually written and tried to foist this article on the public he is a dirty cuss and ought to have his degree taken from him." "The sending of such 'stuff' is an insult to the intelligence of a physician." "You are, of course, paid for this circular and it shows tact and skill in composition. You should confine its distribution to the gullible." "I judge that something stronger than logic or justice influences you." "Hoping that the profession will bury you in an avalanche of protests, I am, yours, etc." Only two of these writers had the daring to sign their names. Such manifestations of barbaric rancor in the medical profession and in the twentieth century is scarcely conceivable as actually existing.

With the bitter words came many that were much more pleasing. There was a liberal inpouring of words of encouragement and of praise. Choosing a few at random from my letter file the reader can see how different the effect was on those who judged by reason rather than by passion or emotion. The retiring president of one of the largest state medical associations in our country wrote: "Let me say that it is a very sensible and commendable production. If we all would only consider matters in their true light, instead of exaggerating, it would be far better for the welfare of the masses. I am inclined to believe that these scares are gotten up for

political purposes, either to draw the public mind way from matters of great importance, or for the establishment of a new department, commission, or bureau." A professor in a leading medical college wrote: "The paper expresses so forcibly my own thoughts about the subject that I cannot, but send you a word of appreciation and admiration of your timely work." A physician of Dr. Wahrer's own state (Iowa) wrote: "It tickles me to see how thoroughly and adroitly you have larruped them. Now it will be 'up to them' to attempt a successful answer. I would like to see their effort." A prominent Buffalo physician wrote asking for twenty copies to send to friends and added: "I wish to express my thanks to you for your essay, which I feel tends to do something towards correcting the erroneous tendency of some modern magazine writers who are misled by fanatics." A New Jersey physician wrote: "The Wholesale Poisoning Scare received. Thanks. It strikes it right."

That mine was not the only mail that was deluged with correspondence concerning the reprint appears from a reference to it in the Journal of the American Medical Association, March 31st, 1906. A physician of Cave-in-Rock, Illinois, received a copy in his mail, dubbed it, "What Is It?' and forwarded it to editor Simmons for identification. The latter gentleman in his answer said that he had received "copies of it from all parts of the country," but he, ungraciously, concluded his reply with the slurring insinuation of "Who pays the freight?" Why is it that when men undertake to defend untenable positions, or positions they do not know how to defend, they are so prone to resort to uncomplimentary inuendoes? Why did he not have the graciousness to publish my response to his direct personal attack? It is to be presumed that he must have felt that to do so would be too much like eating "crow."

Soon after the extensive distribution of the reprinted "Wholesale Poisoning Scare" the Bureau of Chemistry, of the Department of Agriculture, put two of its division chiefs at work on the production of Bulletin No. 100, which bears the title of "Some Forms of Food Adulteration," etc. The contents of this bulletin not only follow the arguments of the MEDICAL FORTNIGHTLY reprint, but the time of its appearance, and even the wording indicates the source of part, at least, of its inspiration. It would appear from the introductory page as if the Bureau of Chemistry had shared in the deluge of correspondence that occurred at that time. We are told that the bulletin was prepared "in response to a very large number of enquiries" regarding pure food, and "as a popular statement regarding the nature and extent of food adulteration." The tone of Bulletin No. 100 is most encouraging, and while this effort of its authors may not meet with the approval of those who entertain such views as were expressed by Dr. Wahrer, or of the medical men who felt so incensed and scandalized by my efforts, it would do them all a world of good to procure copies and give them a careful reading. On the first page, following the list of contents, it says: "As is often the case when public interest is deeply aroused, there is an unfortunate tendency toward exaggeration which frequently amounts to sensationalism." It was because the FORTNIGTTLY reprint was levelled at this "unfortunate tendency" that it and its author came in for such a flood of anonymous abuse. The writers of the bulletin then go on to say: "Such an attitude is to be deplored, and unless it is checked must sooner or later react unfavorably." This was exactly the position taken in the reprint, and it is gratifying to find that our government experts agree with it. They next say: "It is not unusual to speak of some of our typical foods as poisoned, and of food manufacturers as poisoners." This is exactly what Dr. Wahrer did and what he was commended for doing by many physicians, and among the rest the editor of the Journal of the American Medical Association. Let us see what Professor Wiley's government experts have to say about this: "Such characterizations are *unfortunate and untrue.*" (The italics are mine.) The authors then go on to say that "deleterious substances are doubtless sometimes added to foods. At the same time the word 'poison' has a very strong and distinct signifiance and should not be applied to any of the substances ordinarily added to foods, except in the sense that they are harmful. The word 'poisoner' signifies a person who intentionally and deliberately administers an article intended to result fatally, or at least very disastrously to health." This is certainly a fair and timely reprimand to those whose exaggeration is frightening the masses, and no reasonable person can object to it. In continuance of their argument they add: "We do not for a moment admit that any manufacturer of foods adds to his products substances which he believes will be injurious to health. There is no reason for attributing such motives to so large and important class of citizens, and their business sagacity in other directions precludes the possibility of shortsightedness of so serious a nature. We cannot do less than assume that manufacturers who depend for their success upon the reputation of their brands will add nothing which they believe will make their products

seriously detrimental to health. It is not to their interests to shorten the lives of their customers nor to impair their appetites. We must assume that they honestly believe the products they employ to be wholesome. Therefore, in judging of the wholesomeness of preservatives and other substances added in the preparation of foods, the subject must be treated in a conservative manner and no criminal or even dishonest motives attributed to those who differ with us on the subject." How much this sounds like the words: "To put forward the claim that any large proportion of merchants and manufacturers, for the mere sake of gain, become what is practically thieves and murderers, is not a claim that should be looked at lightly. If not true it is a grievous wrong to make it?" These words were the keynote of the FORTNIGHTLY reprint which brought such invective, bitter accusations and insinuations. When their leaders condemn so unsparingly perhaps they will begin to think that Dr. Eccles was not so far wrong after all. What have Dr. Wahrer and others who entertained, or pretended to entertain, such views now got to say for themselves? Had the Bureau of Chemistry come out with such views before the distribution of the reprinted "Wholesale Poisoning Scare" they would have met with much less opposition in their effort at securing the passage of the Pure Food Bill. It is a pity that they have not themselves been wholly free from traces of this sort of sensationalism which they have just begun to deplore. It is a greater pity that the officers of this bureau still show themselves willing to sit silently by and listen to declamations of this type, in the halls of Congress, in public conventions, and elsewhere. On no one single occasion has it been my good fortune to see a report of their having reprimanded, challenged, or checked any of the persons whom they now brand as untruthful sensationalists.

The passage in the reprint which called forth the most pronounced opposition from people unfamiliar with the facts was the one in which it was asserted that there was no evidence of any very large proportion of adulterating going on in goods for which a fair price has been paid. My statement was that "what has been found is reports from chemists who have deliberately sought for adulterated goods under conditions where they would have been astonished if they had found pure ones. They have suspected, or known in advance of the purchase, that they were likely to turn out impure." Now let the reader compare this statement with the one made by the Bureau of Chemistry. Here it is: "The inspectors in the various States are trained men, and are always instructed to select especially those samples which they have reason to believe are likely to be adulterated. Brands of foods which they know from previous experience are pure are, therefore not commonly taken by these inspectors, and products whose purity for any reason they are inclined to suspect are sampled. In the report of each laboratory, therefore the percentage of adulterated samples is stated, not in terms of the average foods of the State, but in terms of the foods which experienced inspectors have regarded with suspicion."

Perhaps those medical men who have heaped their abuse upon me for making the statement I did will believe it now that it is officially announced as a fact. But, conceding this to be true, where is there any foundation for the sensational and misleading stories that have been so widely circulated in the public press? Analyses of samples of millions of tons of staple provisions and of the thousands of brands of unsuspected ones are either never now made, or if made need not be looked for in the reports upon adulteration. Goods that are known to be adulterated, and goods that are suspected to be adulterated constitute the material out of which the formidable looking tables are constructed which leave such depressing effects upon the minds of the average reader. He sees 76 samples reported as being examined and 24 of them pronounced adulterated, 326 samples examined and 20 adulterated, 317 examined and 5 adulterated, etc. To the expert reader the impression is that the members of the mercantile world are on the average exceedingly honest men or no such favorable record could be made. To find so few bad samples among so many, all of which were suspected by experts to be bad, is a wonderful showing of commercial honesty and honor. Unfortunately the average reader of such reports takes no such truthful conclusion from them. He looks at the heading and there reads: "Extent of Adulteration," and interpreting these words as meaning what they say, jumps to the conclusion that most merchants are a bad lot when so large a proportion of their goods are adulterated. It never occurs to him that he is studying goods, all of which ought to be adulterated if the expert had guessed right. To find so large a proportion of honesty where nothing but roguery had been looked for is an astonishingly good showing. That the compilers of the tables in Bulletin No. 100 were still tainted with the sensationalism which that pamphlet deplores is evident on discovering that twenty-three tables of this kind have the false and misleading heading of "Extent of Adulteration" over them. The ratio of adulteration among suspected goods

is in no sense the "Extent of adulteration." To call it such is to mislead and make readers see evil where, in fact, the evidence shows good. But this is not the only fault of these tables. While intended to be a fair presentation of facts their form of presentation tends to give a false impression to all who do not carefully study them. The close, critical reader observes that they are an aggregation of results covering a period of over ten years. The average reader, who has neither the time nor the inclination to look deeply into their true significance, takes from their ponderous appearance the impression that there is an immense array of evidence against the merchants. He does not consider either time or territory. Besides this he fails to notice that the same articles may have duplicate or triplicate entries as some of them may contain, for instance, glucose, artificial coloring matter, and preservatives. As recorded such cases, by occurring in three separate entries, make the figures look three times as bad as they really are.

In regard to the use of preservatives the authors of the Bulletin inform us that "the literature regarding the wholesomeness of the so-called chemical preservatives is not by any means uniform in either approving or disapproving them." This is precisely the condition of things in regard to the use of spices, tea, coffee, wines, tobacco, and many other articles of common use, and which the users are quite willing to take their chances on. If there are those who are willing to use goods containing preservatives by what moral right has any government the power to interfere with their being able to get them? Is it not pure tyranny on the part of those who try to get such laws established? Why not make laws forbidding the sale of tea, coffee and tobacco? Why not try to stop interstate commerce in these articles. When the presence of the preservative is declared upon the packet the attempt of any set of men, any government, or any law to interfere with the sale of such goods can be justified by no moral standard, for it is nothing short of an autocratic interference with the natural rights which the constitution guarantees. Bulletin 100 tells us that "it is the opinion of this bureau that they cannot be regarded as entirely wholesome even in the small amounts generally added to foods." It was the opinion of the same bureau that the harmfulness of preservatives was in direct proportion to their preservative power. Now no such opinion seems to be entertained there. It was the opinion of that bureau that salicylic acid was the most dangerous of all the common chemical preservatives, but now such an opinion is no longer entertained there. It was the opinion of that bureau that it was only necessary to prove that a substance had antiseptic qualities when it was proven unwholesome. This opinion has, we understand, been modified materially. Many other opinions related to this very subject have undergone great changes on the part of that bureau in the last ten years. To fix upon a whole nation a tyrannical law based, solely, on the opinion of a bureau that has been so frequently changing its opinions should not commend itself to intelligent men. The authors tell us that "the recent investigations conducted by this bureau, in which twelve men were used as subjects, demonstrated that boric acid is injurious to health." This is another of the opinions of that bureau that is of doubtful value since Prof. Oscar Liebriech, of the University of Berlin, has shown that not only are the facts on which they have based their conclusions of doubtful validity, but the conclusions themselves cannot logically be drawn from the data given even when accepted as perfectly valid. It is a well known fact that the twelve men all had to sign an agreement, before the experiments began, that they would themselves assume all responsibility for injured health due to the experiments. This terrorizing at the very commencement must have had a deleterious effect upon them by inducing a suspicion of danger, to prey upon their minds during the entire period of the experiments. In view of all this is there not a suggestion of sensationalism in the word "demonstrated" as applied to such experiments. Would not the more modest expression that it was "rendered probable that boric acid is injurious to health" have fitted the case better? My conviction from a study of the facts is that even this mild expression would be very strong, but from their standpoint of enthusiastic faith in their own results it would have been passed as justifiable. Their reference to the experiments of the German Imperial Board of Health comes with ill grace from our Department of Agriculture when it is so well known that politics were at the bottom of the conclusions drawn from those experiments, and they were aimed at keeping from German markets our American meats.

In the matter of colors in foods the authors of the Bulletin concede that there is practically no danger to health in their use as those generally employed are of a harmless character. Their "opinion," as expressed, is that "the use of colors enables the manufacturer to give inferior products the appearance of high priced goods." Because of this they wish to have Congress pass laws that will stop their transportation between the States

on the plea that such colored goods are adulterated. It seems almost incredible that these authors are unable to see that their logic would make it illegal for a man to paint his house before selling it, to color or dye any garment, or to use dyes or coloring materials anywhere. In every place where these are used the same objection can be urged with equal force. For ages the watchword of prudence has been caveat emptor. For ages to come it must continue to be so. Don Quixote never went forth on a war against wind-mills that was more senseless than is this attempt at stopping the use of colors because it can be abused. When, however, we analyze the alleged cases of abuse that the authors of the Bulletin have cited we are constrained to believe that a taint of sensationalism still lingers in their methods, hard as they seem to be trying to avoid it. When they refer to "a bright green hue which is not suggestive of any natural food;" tell us that "the butter now on our market is colored more deeply than is natural," and write of tomato catsup of a deep-red color, much more vivid than could possibly be obtained without the use of artificial colors, they unconsciously point to a truer explanation than the fraud one. The instinctive desire for color in foods which our Department of Agriculture is seeking to suppress is seen in a still more pronounced form in the colorings of wedding cakes, the brilliant hues of mottled ice creams, the fantastic stripings of stick candies, and the aniline tints of the most expensive and finest bon bons of the market. Every purchaser of these knows that the colors are added. They are bought in preference to non-colored products, because they satisfy an instinctive longing for color. When canners declare that they add color to their products to give them "an appearance which they say is more acceptable to their customers," they display a keener insight into human nature than do authors who desire to prove that such additions are always evidences of fraud. Even the Pharmacopoeial preparations, and the preparations of the National Formulary, are not free from evidences of this human weakness. The cochineal of compound tincture of cardamon and the red saunders of compound tincture of lavender serve no therapeutic purpose other than that produced by the pleasing colors. The pretty appearance of the various elixirs of the market tell the same story. Physicians in prescribing these to their patients do not deem them adulterated, and yet there is not a particle of difference between the adding of coloring matter to these, and the adding of coloring matter to foodstuffs. In the foods the presence of such colors is charged as a crime. In the medicines it is taken to be all right. The difference between tweedledee and tweedledum seems to be immense with some people. The very physicians who are angered at any suggestion of finding fault with so-called pure food laws do not hesitate to prescribe medicines that fundamentally are as bad as the condemned foods. Such pharisaical pretence is nauseating.

When a prudent man builds a house that is out of reach of a hydrant supply of water he takes care enough of his property to see that a well filled tank of water occupies a convenient place to be of service in the case of fire. What would be thought of the man who should suggest a bad intent on the part of a builder who should try to sell such a house solely because he had added such a protective tank to the house before selling it? What would be thought of the logical acumen of any person who should assert that such a builder had added that water tank "for the purpose of cheapening the product," i.e., the house? When a maker of catsup adds salicylic acid or sodium benzoate to his stock of tomatoes that are perfectly pure and fresh he does so with identically the same motive as that which inspires the builder who supplies a water tank to guard against fire. The addition is made to the house to save it from destruction by fire just as the addition is made to the tomatoes to save them from destruction by bacteria. To charge that the preservative is added in order to "cheapen the product" is not true in the sense in which such an expression is usually intended. When the authors of Bulletin No. 100 took such pains to reason out such an excuse for the definition they adopted for the word "adulterated" they were practically confessing their own error. The double meaning of their expression may be overlooked by the critical, but its deceptive implication is clear evidence of a lingering tendency for the sensational rather than the truthful. The saving of buildings from destruction may, in a sense, cheapen buildings because of its keeping up supply, but this is not the sense in which that expression is used when it is applied to buildings of flimsy structure that have been made to sell cheaply. It is precisely the same in the case of food. To check the wholesale destruction of good tomato stock may, in a sense, cheapen tomatoes and tomato catsup, but the addition is not "really made for the purpose of cheapening the product" in the unpleasant sense implied. To assume, that it is merely to help prove that an adulterated substance is one that contains some foreign ingredient that "is neither a food nor a condiment," ap-

pears very much like stretching matters to the breaking point. To say that such a definition "cannot be emphasized too strongly" seems very like saying that an erroneous definition is a definition of supreme merit. It cannot be accepted as either positively or negatively correct. Take, for instance, the case of mottled ice cream. The coloring is not added with any wrong intent. No definition of the word adulterate that ignores motive can be a true one. The coloring matter added to mottled ice cream is neither a food nor a condiment, and yet it is in no reasonable sense an adulterant. The definition of Bulletin 100 makes it an adulterant. An addition whether food, condiment, or anything else, that is made for the purpose of deceiving and robbing the customer is an adulterant. An addition having no such motive but aiming at the improving of the article is not, in any reasonable sense, an adulterant. Justice cannot properly be meted out by any law that takes a view that excludes intent. The pure food law that Dr. Wahrer and the Journal of the American Medical Association sought to get, ignored the motive and made the addition an adulteration. The pure food law just passed leaves to judges and juries the chance to ferret out the motive, if inclined to do so.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Editors, St. Louis.

SURGICAL SUGGESTIONS. Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, M. D , Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York, and Eli Moschcowitz, M. D., Assistant Physician, Mount Sinai Hospital Dispensary, New York. Duodecimo; 60 pages. New York: Surgery Publishing Co., 1906. (Cloth, 50 cents.)

This little book is most novel, not only on account of the many original terse and epigrammatic practical suggestions given, but its general appearance and attractive form. It contains 250 suggestions grouped under proper headings and its contents is carefully indexed. While some of the items are familiar to the practical surgeon, they are presented in a manner that will impress them on the reader's memory. The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tint paper with marginal headings in red. This book will be much appreciated by the general practitioner, not alone on account of the value of its contents, but as an artistic bit of book making.

POKER JIM—GENTLEMAN.*—The early appearance is promised from the pen of our versatile friend, Dr. G. Frank Lydston, whose stories appeal to the doctors quite as satisfactorily as do his scientific contributions. Each story seems to have a scientific lesson under a coating of very interesting fiction. This is a story of the old time Cailfornian mining camps by a native son of the golden West. It depicts in graphic terms the oddities and heroism of the early western pioneers and brings out in bold relief the many-sidedness of their characters. The delineation of these characters is a labor of love on the part of the author, who recalls them from his boyhood's days, and as the most picturesque features of his early life. They indeed belong to "the days when there were giants in the land." In Poker Jim, the high minded, courageous, polished soldier of fortune, the author has depicted a character which was peculiar to the environments afforded by the mining camps of early days. Not even Bret Harte, at his best, had a clearer insight into the individualities of the heterogenous population of the coast mining town than is displayed in this book. The rough and ready, chivalrous, hot tempered, impulsive, hair-triggered Argonauts of '49 have by no means suffered in the hands of the author of Poker Jim, who recalls them as heroic figures of a time which, though not far distant, was very unlike the present.

*Poker Jim is published by the Monarch Book Co., 121 Plymouth Place, Chicago. Price $1.00.

DR. LOUIS RASSIEUR is another of our foreign delegates to return recently. Dr. Rassieur has spent three years in Germany and Austria; his work being along surgical lines.

MOSQUITO BITES.—The intense irritation that is caused in some persons by mosquito "bites" may be promptly relieved by the application of ipecacuanha, either the "vinum" or the powdered root, made into a paste with water or vinegar, being used.

CURING A COLD.—When a man takes a cold, it is really remarkable the crowd of medical advisers he meets. A friend of the writer who was thus unfortunate, had, in the course of six days, the following, among other infallible remedies recommended to him: A porous plaster, flannel over chest, gin and soda, laudanum, treacle posset, vinegar and bran, saffron, sweet nitre, electricity, Everton toffee, semoline, suicide, Burton beer, onion broth, oatmeal, and several patent panaceas. He was advised to get drunk, keep off the beer, to eat plenty, to starve himself, to keep quiet, to move around briskly, to lie in bed, to sit up. And yet they say in the mulitude of counsellors there is wisdom! —Health.

The Medical Society of City Hospital Alumni

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OFFICIAL TRANSACTIONS.

HISTORY OF A CASE OF CARCINOMA OF THE TESTICLE AND MESTASTASIS IN HEART.

B. F. KERN, M. D.

ST. LOUIS.

Wm. E., widower, aged 76, was sent to the hospital March 19th, for the relief of a strangulated hernia. The following notes were made at that time. This patient complains of sharp abdominal pains coming on at irregular intervals. Patient has a hernia-like mass in left inguinal region, an enlarged left testicle and a hard cylindric mass projecting into the left side of the scrotum apparently connected with the mass above.

Patient states that he has had similar pains at varying intervals for the past six weeks. Bowels open. Has not vomited. No abdominal tenderness or rigidity. Pulse 80; respiration 28; temperature 99.2.

Careful examination of the left inguinal region showed the hernia-like mass to be firm and immovable. Patient stated that he had never been ruptured and the mass had been increasing slowly in size for ten years. No impulse could be obtained on coughing.

Habits—Denies the use of alcoholics or tobacco. Eats and sleeps regularly. Appetite poor. Bowels open.

Family History.—Parents died in Germany; causes unknown. Can give practically no family history.

Personal.—Widower for twenty years. One child dead. Denies any venereal infection.

Previous Diseases.—Patient states that he has never been seriously ill with the exception of two attacks of malaria.

Present Trouble.—Ten years ago a small hard lump appeared in the left inguinal region. This mass enlarged slowly and gradually and was at no time absent. Seen readily until it reached present size. The mass projecting into the scrotum made its appearance about four months ago, increasing rapidly in length. Patient states that three months ago his left testicle began to increase in size. No one of these growths have ever been tender or painful.

Patient has been losing strength rapidly and for the past three weeks has been unable to be on his feet more than an hour at a time. Appetite has been failing for six months. Patient thinks he has lost about twenty pounds in the past six months. He suffers from sudden sharp abdominal pains which come on at irregular intervals, and persist for varying lengths of time. Patient has never vomited or had a bloody stool. Has never been jaundiced.

Physical examination.—Male, white, poorly nourished, hair white, cornea hazy, muscles flabby. No edema.

Chest well developed. Left side more prominent than right. No areas of dullness, no rales. Breathing somewhat harsh on left side anteriorly at level of third rib. Heart dullness not made out. No murmurs heard; arteries hard. Pulse weak and irregular. No abdominal tenderness or distension. No dullness in flanks. Liver and spleen not palpable.

In the left inguinal region lying above and over Poupart's ligament is an hernia-like mass about three inches in diameter. This mass is very firm and gives no impulse on coughing. The left side of the scrotum is occupied by a hard cylindric mass some four inches long which projects downward from the mass above. The left testicle is twice its natural size. Is not tender. The spermatic cord very firm and apparently about the size of a man's finger, is easily traced to the external ring. Through the belly wall the cord may be easily paplated, disappears through the internal ring.

Urinary tract O. K. Urine 1022, amber like, clear, no albumen, no casts.

Nervous System.—Knee jerks, poor pupils, react slowly to light. Patient evidently senile.

March 30th.—Left testicle twice the size it was at the time patient entered hospital. Right testicle also enlarged considerably.

Diagnosis.—Sarcoma of the testicle and cord. Prognosis bad.

Treatment supportive. Patient grew gradually weaker and died April 6th.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month.

Under the Editorial Direction of

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EDITORIAL

To the Front.

THOSE most active in making St. Louis a million city have, after an exercise of deep study, decided that our progressive city shall hereafter progress under the ambitious motto, "To the Front." That St. Louis is getting to the front none can deny, the rush of building, the making of streets, the opening of new sections and the hum of activity in all parts of our city witness to the fact. Within a year past 49 new manufacturing plants and 984 new mercantile concerns have been established here. At the present eight sky-scraper office buildings are in the process of construction, and many manufactories and buildings less pretentious. One who would know the St. Louis of today must stay here, a short absence makes evident many and great changes.

In things medical the progress of our city is particularly evident. The St. Louis Medical Society is active as never before, its membership is fast growing, its scientific work is creating enthusiasm, it has completed its new hall and on resuming after the summer's intermission will for the first time be in a home of its own. Our medical schools have strengthened themselves, and are now offering students as good opportunities as can be had in the country. New hospitals and a probable State Post-Graduate School and new buildings for our insane and our sick poor are matters of in part accomplished fact and in part certainty for the immediate future.

Medical and other journalism has gotten into motion. Our medical journals are becoming more scientific in their conduct and appearance, and are inspiring pride at home as never before.

St. Louis is losing her character as an overgrown village and is taking on metropolitan airs, and she carries them well. When the American Medical Association comes to St. Louis in 1908 we will be able to show a city second to none other in America except in population.

Lay Self-Medication and Counter-Prescribing.

THE recently inaugurated campaign against patent medicines and secret nostrums, has emphasized as the really important factor for danger, not so much the poisonous character of the drug or combination used, as the fact of lay self-medication and counter-prescribing in drug stores. These pernicious customs allow drugs which are perfectly safe in safe hands, to be blindly administered and often in the presence of definite physical contraindications which a qualified physician would determine before prescribing. This has led to the classification as poisons of some of our most useful drugs—drugs which are safe and harmless under normal conditions and in proper doses.

The State has safeguarded the public by exacting of those who would treat the sick a demonstration of their ability to safely and scientifically do so. Not alone is a knowledge of drugs a requisite, but the physician must know the action of same in the presence of any condition the patient may exhibit and be quite as ready to intelligently withhold as to administer. Yet the average corner drug store will prescribe for more patients in a day than will the average qualified physician. The druggist may know drugs, but he *does not know patients!* By what right does he prescribe for even the commonest of bodily ills? Does a license as pharmacist include the right to practice medicine? True, it is only just to state that there are druggists and druggists, and that the evil of counter-prescribing is not universal. Unfortunately, however, it is so general as to be an acknowledged fact. This is borne out by the published list of fatalities from acetanilid and compounds containing acetanilid. This list may be very inaccurate and greatly exaggerated, as has been claimed, yet it tells a tale of self- and druggist-medication, and the coal-tar derivatives are suffering where a system is really at fault.

Were it possible to have the co-operation of the druggist, lay self-medication would soon be ended and to the ultimate benefit of the druggist. This is a habit which can but be condemned, as it means the employment of medicines in absolute blindness. The habit is nothing less than pernicious, and criminal where drugs are so administered to infants

and the helpless. In this day of free dispensaries and excessive gratuitous treatment, even the poorest in any section of our country need not lack competent medical advice if they will have it.

Much has been said pro and con to the coal-tar derivatives and compounds containing acetanilid. It is not our purpose to enter into the controversy deeply. We believe, as we have stated above, that a good and useful agent is being caluminated while the real evil is overlooked. Acetanilid is not a poison in the ordinary acceptance of that term; few doctors believe that it is. It is a good and useful friend which will serve well, if intelligently employed, but it is not intended to be eaten by the teaspoonful or taken in the presence of cardiac disease. These products were never built for the use of any but a learned profession, and this brings us back to censure of the system of self-medication and prescribing by the incompetent. We do not believe that acetanilid can be so combined as to be a "safe household remedy." The exploitation of any compound containing it to this end may well be looked on with serious apprehension. It may be that no harm will result for a long time, but the chance is there, and it is an evil chance.

Let us hope that the day may soon come when physician, manufacturer and druggist will combine to have the practice of medicine conducted in safe, scientific and legitimate channels, and it is no selfish belief that the best interests of all three, and that of the patient as well, will be promoted by the new regime.

Mississippi Valley Medical Association at Hot Springs.

THE season is at hand for physicians to make their plans to attend the next meeting of the Mississippi Valley Medical Association, which will be held at Hot Springs, Ark., November 6, 7 and 8, 1906. Those who were fortunate enough to be present at the meeting of the association held at Hot Springs in 1894 will remember that it was one of the most delightful, from both a scientific and social standpoint, that was ever held, and from the indications already at hand the local profession will this year bend every endeavor to make this meeting a record-breaker.

The Address in Medicine will be delivered by Dr. Frank Parsons Norbury, Jacksonville, Ill., and in Surgery by Dr. Florus F. Lawrence, of Columbus, O., the mere mention of whose names is sufficient guarantee of a treat om both a scientific and literary standpoint.

The headquarters will be the Arlington Hotel, while the sessions will be held in the Eastman, where the exhibit hall will also be located. Reduced rates on all railroads. The Iron Mountain will run a special from St. Louis for the occasion.

Independent Medical Journalism a Necessity for the Profession.

DR. KENNETH W. MILLICAN in speaking of the power of the American Medical Association (Med. Rec.) states that it may use its influence for good or for evil. The line which it will follow will depend entirely upon the character of the few men who from time to time must of necessity control its destiny. Earnestness, honesty and tact on the part of these men will make for good. The lack of any one of these qualities will cause the association to become a menace to the profession and thus to the public. The Journal of the American Medical Association has indubitably right on its side in a demand for a measure of publicity in regard to the composition and of honesty in regard to the claims of proprietary remedies. The writer makes the plea that physicians lay down for themselves certain definite principles which shall govern the admission or rejection of advertisements in the columns of medical papers. These should be published and acted upon. He believes that a moderate course will be the most satisfactory. He declares that there is no more dangerous frame of mind than that of the fanatic who thinks his mission is to reform the universe. To permit the establishment of a monopoly in medical journalism would be to sound the knell of medical liberty.

DR. NELSON W. WILSON, associate editor of the Buffalo Medical Journal, has been appointed Lecturer on Genito-Urinary and Venereal Diseases in the University of Buffalo. The appointment is a good one, and will doubtless lead to Dr. Wilson's appointment to a full professorship later.

DR. KAHLO AT FRENCH LICK SPRINGS.—The removal of Dr. Geo. D. Kahlo from Indianapolis to French Lick has been recently announced. Dr. Kahlo has undertaken the medical management of that important health resort, and has already inaugurated an active and scientific regime. No name speaks for more among the notable medical men who hail from Indiana than does that of the present physician-in-charge at Frenck Lick. Our congratulations to that institution.

Dr. Jas. S. Holland has lately returned to St. Louis after an extended period spent in the pediatric clinics of London, Berlin and Vienna.

Dr. Frank Hinchey, who has been doing the medical centers of continental Europe, is again in St. Louis, eager to apply what he has learned abroad.

The British Medical Association at Toronto.—The British Medical Association will convene in Toronto, Ontario, August 21st, the session lasting to and including the 24th. A considerable number of physicians from St. Louis and tributary territory have signified their intention to attend. The editor of the Fortnightly has been requested to ascertain as definitely as may be the number who will attend from St. Louis, those contemplating the trip will confer a favor by advising us.

Foreign Correspondence from Dr. Eccles.—It is to be our privilege to publish from time to time a series of letters from Dr. R. G. Eccles, who has recently sailed from New York for an extensive foreign tour. Dr. Eccles sailed on July 19th for Cherbourg. He will spend six or seven weeks in Great Britain and Northern France before proceeding to Spain and Portugal. From Gibraltar he will go to Italy, Sicily, Malta, and perhaps to Tunis, thence to Greece, Turkey, Armenia, Palestine, Egypt, Ceylon, India, Burmah, Straits Settlements, Java, Siam, China, the Philippines, Corea, Japan and Hawaii. A South African and Australian tour will follow later. The doctor promises to tell us of matters which are of interest to our profession as the experience of the tour develops them. We anticipate that the series will prove one of intense interest to all readers of the Fortnightly.

Medical Society of the Missouri Valley.—The annual meeting of this association will be held in Council Bluffs, Iowa, on September 6th and 7th. The date of this meeting was changed by amendment to the by-laws, and will no doubt be much more satisfactory to a majority of our members. The meetings in Council Bluffs, the birthplace of the society, are always well attended. Those desiring to present papers will please communicate with the secretary at once to secure a favorable position on the program. Papers on Diagnosis and Treatment especially solicited from internists. If you are not a member of this progressive society, send in your name. Initiation fee, $1.00; annual dues, $1.00, which pays your subscription to the Medical Herald, the official journal.

Chas. Wood Fassett, M.D., Secretary,
St. Joseph, Mo.

REPORTS ON PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. Lademann, M. D.

A Study of the Blood in Lead Poisoning.—Cadwalader's (University of Pennsylvania Med. Bul., April and May, 1906) paper embodies a series of observations on the number and percentages of the white cells as well as the red blood corpuscles. Total and differential blood counts were made on thirty-seven cases of lead poisoning, all of which presented the well known symptoms, as colic, constipation, blue line on gums, etc., with a clear history of having worked with lead for periods of from weeks to many months. The hemoglobin and red blood corpuscles were reduced to about one-fourth of the normal in most cases, giving an average of 65% of hemoglobin and 3,850,000 red cells per 1 cm. In every instances there was a marked increase in the number of granular red blood cells. Macro and microcytes were occasionally met with, but poikilocytes were, as a rule, not marked. One or more normoblasts were found in all but four cases, and megaloblasts in two instances, while in one case 130 normoblasts and 13 megaloblasts were found while counting 500 white cells, notwithstanding the fact that the total number of erythrocytes were scarcely one-fourth less than normal. After convalescence was established the nucleated red cells disappeared from the circulating blood before the granular erythrocytes. The leucocytes showed no morphologic changes. The average number per 1 cm. was 7,568. In the majoirty of cases the number of leucocytes either above or below the normal was very slight. In most instances there was an increase in the percentages of the large mononuclear lymphocytes, the average being 14%, accompanied with a slight diminution in the percentages of either the polymorphonuclear or small lymphocytes. It is evident that lead may cause an anemia in one of the following ways: First, by an excessive destruction of red blood cells in the circulation; second, by an insufficient or defective hemogenesis; or third, by a combination of these factors.

Typhoid Bacilluria.—Brown (Edinburgh Med. Jour., Feb., 1906) summarizes his paper on this subject as follows: 1. The typhoid bacillus exists in the urine of typhoid patients in from 30 to 35% of cases. 2. In most cases they cause no symptoms, and their presence is revealed only by a bacteriological examination. 3. Bacilluria is frequently

accompanied by albuminuria and pyuria, but these are not necessary concomitants. 4. The bacilli usually appear in the third or fourth week of the disease, and persist for a varying time—for weeks or months, and even after the patient is cured. 5. Bacilluria occurs more frequently in severe cases and in those with complications; but the severity of the case is not affected by the condition, which is of no progonstic significance. 6. The presence of the bacilli in the urine does not aid in the diagnosis, except in some typhoid speticemia cases. 7. The presence of the specific bacilli in the urine is more dangerous than their presence in the stools, because: (a) The disinfection of this fluid is apt to be neglected, and all attention paid to the feces, which, after the third week, may contain no typhoid bacilli. (b) Contamination by the urine is less apparent than that brought about by the feces, and thus cloths, etc., may be a source of great danger. (c) Pollution of a water supply is more likely to occur through urination than defecation. 8. All typhoid patients, at whatever stage of the disease, should micturate into special receptacles, where the urine should be disinfected. Urination during bathing and when outside should be strictly forbidden. 9. All patients from the third week should be given urotropine in ten grain doses, t.i.d., for ten days, and, after one week's interval, administration of the drug should again be carried out for another ten days. After this a bacteriological examination of the urine should be conducted, and if the bacillus be present, the drug should be continued for a week after the urine is sterile.

Enterospasm and Its Mimicry of Appendicitis.—Hawkins (British Med. Journal, Jan., 1906) makes the statement that the appendix is sometimes unnecessarily excised and that certain patients subjected to this operation suffer quite as much after it is performed as before. Careful study of a certain class of these patients lead to the conclusion that their troubles are functional rather than structural. That this is not recognized is due to a neglect to discuss the functional disturbances of the bowel, which is regarded as a hardy tube uninfluenced by defective states of other organs. The writer describes four cases, from which he concludes that it is not uncommon for men and women in early adult life to suffer from abdominal pain. which from its long duration and the absence of evidence of organic involvement is probably due to functional disturbance of the intestine. Such patients are often neurotic, and the abdominal troubles vary directly with the mental state. The pain in these cases may occur in acute attacks or may be manifest for months as a discomfort. It is usually referred to the right or left iliac fossa or in the immediate neighborhood.

Bacteriology of the Blood in Typhoid.—Hirsh (Jour. A. M. A., June 23, 1906) assisted by Guillen and Levy, studied the blood in 100 cases of typhoid. In 78 cases the typhoid bacilli were found present in the circulating blood and absent in 22 cases, and as to the time of the disease, were distributed as follows: First week—16 cases, 12 positive, 75 per cent. Second week—50 cases, 43 positive, 86 per cent. Third week—24 cases, 19 positive, 79.3 per cent. Fourth week—7 cases, 1 positive, 14.3 per cent. Relapses, 4 cases, 4 positive, 100 per cent. From these studies they conclude: 1. That the typhoid bacillus is present in the circulating blood in every case of typhoid fever at some time during its course. 2. The bacilli invade the blood very early in the disease. 3. The bacilli usually disppear from the blood by the end of the third week. 4. Relapse is associated with the reinvasion of the blood by the organism. 5. The bacteriologic examination of the blood is a valuable adjunct in the diagnosis of obscure cases of typhoid fever.

Parallel Tests of Gastric Juice and of Blood in Chlorosis.—Arneth (Deutsche Med. Wochenschrift, No. 17, 1906) presents a table showing the results obtained in the examination of the blood and gastric juice in twenty-three cases of chlorosis treated in Leube's clinic at Würtzburg. In fifteen of these patients he found hyperacidity. From these figures he shows why it is that such discordant conclusions have been published in regard to the behavior of the gastric secretion in this disease. In eight cases the improvement in the blood findings under treatment was paralleled by the restoration to normal of the gastric acidity. Arneth is of the opinion that in the milder and moderately severe cases of pure chlorosis there is usually a condition of hyperacidity, but that in general the acid values are in the neighborhood of the normal limit. In the severe cases the findings always indicate extreme hyperacidity. A subnormal or deficient acidity has never been encountered in a single case. The treatment employed did not essentially differ from that ordinarily resorted to. Rest in bed at first, sometimes for several weeks in the severer cases, with the subcutaneous administration of iron or arsenic proved successful. Iron in combination with arsenic was given internally in cases where the number of red blood corpuscles were very much diminished. The writer accepted an enlarged

spleen as an indication for quinine. A pill composed of 7.5 grams of reduced iron made into ninety soft pills with equal parts of glycerine and gelatine has proven effective and unirritating. He begins with one or two pills and then three after each meal.

Therapeutic Pneumothorax. — Brauer (Deutsche Med. Wochenschrift, No. 17,1906) recounts at length the application of Murphy's method of artificially induced pneumothorax and inflating the pleural cavity with nitrogen in a girl 18 of years with an extensive tuberculosis and cavity formation involving the entire left lung, the right being unaffected. A total of four nitrogen injections were made at intervals of several weeks. After each injection the temperature subsided abruptly for a long time. No undesirable manifestations attended the collapse of the lung, and according to the author no such good affect is attainable by any other method of treatment at our disposal. He describes the technic fully. The first injection is the most difficult. Judgment is necessary in selecting the site for the puncture in order to avoid pleural adhesions. An incision of the skin is made under local anesthesia and the intercostal muscle separated by blunt dissection until the costal pleura is reached, which in turn is perforated with a blunt trocar, through which nitrogen is permitted to pass until the lung collapses. The nitrogen in time becomes absorbed, and it may be found advisable to substitute some other indifferent gas. The author's patient has improved considerably, and further experiments in this direction are now in progress. The object of the pulmonary collapse is to effect condensation of the lung tissue obliterating cavities and squeezing out the infectious material, thereby favoring progression of the process. The resulting passive congestion is also a factor contributing to the favorable result.

Cheyne-Stokes Phenomenon in Acute Cerebral Compression.—Trotter (Lancet, May 19, 1906) emphasizes the following on the periodic occurrence of Cheyne-Stokes breathing in cases of cerebral compression: 1. Cheyne-Stokes phenomenon is in such cases no mere terminal symptom and, therefore, of necessarily slight interest, but one of the most characteristic forms of the vasomotor reaction and one which may be manifest nearly from the onset of compression. 2. Various modified forms of the phenomenon occur and may cause confusion, especially when the respiration periodicity is absent. 3. Periodic movements are no less frequent and characteristic than when the phenomenon occurs in disease, and that they may be of diagnostic importance in rendering manifest a paralysis and in being movements which are to be distinguished from those due to focal irritation.

Peculiar Form of Hemoptysis with Presence of Numerous Spirochete in the Expectoration.—Castellani (Lancet, May 19, 1906) report two very interesting, apparently idiopathic cases of hemorrhagic bronchitis occurring in male adults, one in a Cingalese, and the other in a native Indian. Tuberculosis could be excluded with reasonable certainty. Repeated and careful examination of the sputum for three weeks showed no tubercle bacilli. Several guinea-pigs were also inoculated, but the results were negative. Microscopical examination excluded the possibility of endemic hemoptysis from distomum, while the expectoration, especially when much blood was present, contained large number of spirochetes, sometimes practically without other germs. A small number of spirochetes were also present in the saliva and superficial scrapings from the gums. The spirochetes were always abundant and stained well by the Leishman method, generally taking on a bluish tint; they could be stained also with the ordinary aniline dyes, though not so well. They were generally mixed with some bacteria, but sometimes when the sputum was collected in sterile Petri dishes and preparations made at once, they were practically the only germs present. Vincent's fusiform bacilli were never observed. These spirochetes were not all alike. They might be divided morphologically into several groups: 1. Very thick individually, from 15 to 30 microns in length, with irregular waves which varied in number, but were never very numerous The parasites with the Leishman method stained deep blue; they were pointed at both ends. 2. Spirochetes resembling the spirochaeta refringens (Schaudinn) with a few graceful waves and pointed extremities. 3. Thin, delicate spirochetes with numerous small, rather uniform waves and tapering ends. Sometimes one of the extremities was blunt, while the other was pointed. 4. Very delicate parasite, though thicker than the spirochaeta pallida, with very few waves, generally irregular in shape.

Convulsions in Typhoid Fever.—Osler (Practitioner, Jan.,1906) groups convulsions occurring with typhoid according to the conditions under which the convulsive manifestations take place: First, at the onset of the disease. This symptom of invasion is more frequent in children, but has been observed in adults. Second, as a manifestation of the toxemia. Such convulsion occur during the course of the infection-

and, though alarming, leave no ill effects. Third, as a result of severe cerebral complications, thrombosis of the vessels, meningitis or acute encephalitis. Lastly, convulsions may be noted, in rare instances, from unknown causes, in convalescence. The author details eight cases of these different groups. He does not regard the prognosis as very grave, although the nature of the complication is alarming.

X-Ray Diagnosis of Kidney Stones.—Holland (Lancet, June 2, 1906) concludes his paper on the subject of renal calculi as follows: 1. When a stone or stones are present in such size as to produce symptoms suggesting the desirability of operation, if a careful and thorough examination is made such stone or stones can nearly always be shown by X-rays, and this would also apply to the presence of stone even if the symptoms alone were not sufficient to demand operation. 2. In most cases when shadows are shown the size, shape and position can be relied on in diagnosing them as from kidney or ureteral stones. In other cases when doubt may arise as to the cause of the shadows the experience of the examiner will often settle the matter and in some cases stereoscopic radiography, the use of ureteral bougies, etc., can be used as a help. 3. The negative diagnosis can be relied on only when the whole region on both sides is carefully examined, and when the plates are taken under the essential condition for successful examination and when they are of the necessary quality in showing sufficient differentiation of the soft structures in the kidney and ureteral regions. 4. There can be no justification for operation or prolonged medical treatment without an efficient X-ray examination being made.

Acetone-Fixation of Blood Specimens.—Jagic (Wiener klinische Wochenschrift, No. 20, 1906) recommends acetone fixation as an efficient and time-saving method of preparing blood specimens. The specimens are placed in pure acetone and allowed to remain five minutes. This manner of preparation possesses all the advantages of Ehrlich's method of fixation by dry heat, the specimens staining well, especially the granules and nuclei.

An Obscure Febrile Disease with the Highest Known Recorded Temperature.—Heller (Muenchner Med. Wochenschrift, No. 25, 1906) publishes the case of a young woman with a fractured rib and an injured spine resulting from falling off a horse while on a hunting trip. Remarkable is the fact that the temperature registered between 45 deg. C. to 47 deg. C. for seven days, the highest recorded axillary temperature measuring 49.9 deg. C. (122 deg. F.). For seven consecutive weeks the temperature did not fall below 42.2 deg. C. (108 deg. F.). During this entire period no alarming manifestations evidenced themselves, the pulse never registering more than 120 beats per minute and the patient herself felt comparatively good. She finally made a complete recovery.

A Method of Determining the Quantitative Amount of Albumin within an Hour.—Buckner (Muenchner Med. Wochenschrift, No. 24, 1906) devised a simple and accurate apparatus for the percentage estimation of albumin. The outfit, known as Geo. Buchner's albuminimeter, and manufactured by a firm in Berlin, consists of three graduated tubes, two small vials, one for nitric acid, and the other for a saturated salt solution, and a small magnifying glass. The estimation is made as follows: exactly eight cc. of filtered urine (mark 1) are placed in the reagent tube and gently heated to boiling; add two or three drops of nitric acid (mark 2) and 2 cc. of the salt solution (mark 3). In alkaline urine a sufficient quantity of nitric acid should be added to render the whole distinctly acid. After thoroughly agitating the above mixture it is poured into the graduated albuminimeter, corked and allowed to stand one hour when the amount of sediment is read with the aid of the magnifying glass. Each cubic centimeter corresponds to 1.0 prom., and each one-tenth cubic centimeter to 0.1 prom., of albumin. It sometimes happens that the albumin precipitate tends to separtate in the albuminimeter during the first five or ten minutes. This is overcome by a slight rotary motion of the albuminimeter between the fingers and thumb, or better still by carefully agitating with a glass rod.

GENITO-URINARY.

T. A. HOPKINS, M. D.

Cystoscopy.—Bromberg (So. Med. and Surg.) quotes Vander Poel on the advantages of cystoscopy over segregation as follows: "1. The cystoscope is more easy of introduction than are the separators or segregators, is less painful during the bladder manipulations, and much less so during the collection of the urines. 2. With urethral catheterism we can collect the urine during as long a time as may be thought necessary, the patient not requiring any supervision. 3. A cystoscopic examination of the bladder can be made at the same time, which in some

cases is useful, in others, indispensable. 4. We are much more certain of the exact results, especially when the two urines are of a similar character, whether clear, bloody or purulent. 5. It is the only method by which we are fairly certain that there is no bladder contamination." Amongst those cases in which the cystoscope is contraindicated may be mentioned: First, acute cystitis. In fact it is practically impossible to use the instruments, unless the patient be anesthetised. Preliminary treatment will soon enable one to use the instrument if it is still indicated. Second, unskillful use in cases of tuberculous cystitis often aggravate the case, but used judiciously, it should not be regarded as contraindication. Third, large non-operable tumors are only made to bleed and no advantages are to be derived from its use. Fourth, it can be of no advantages in cancer of the prostate; though in Schauta's clinic in Vienna, it is the custom to use the cystoscope in all cases of operable cancer of the uterus. The uses of the cystoscope are by no means limited to the bladder, but give an insight into the condition of the kidneys which can not be had by any other means of diagnosis; and it is by no means necessary to enter the ureter to determine this fact; for in the best hands and with the best instruments failure to catheterize the ureter in a fair per cent of cases may be expected. In determining for example the existence of tuberculosis in the kidney the position of the tubercular nodules in the bladder, their peculiar grouping around an ureteral opening, or their downward radiation from it leave little doubt that the kidney on that side is involved. Even where no bladder involvement is present, the shape of the mouth of the ureter is often helpful in arriving at a decision. "If instead of being slit-like and rosy and projecting into the bladder, it be retracted, irregular or round a kidney lesion may be assumed."

The Diagnosis of Surgical Diseases of the Kidney.—Albert A. Berg (Med. Rec.) states that the health or disease of the kidneys is determined from a study of the anamnesis from physical examination from urinary analysis, from the appearance of the ureteral mouths as seen with the cystoscope, and from X-ray examination. Examination of the urine drawn from each kidney will determine whether one or both organs are diseased. The functionating capacity of the two organs is ascertained from the total amount of urea eliminated in twenty-four hours, and from the cryoscopic index of the blood and urine. In order to determine this capacity in the case of the individual kidney, consideration must be given to the percentage of urea in the separated urines, the cryoscopic index of the individual urines, and to a comparison of the rapidity and amount of chromogen and sugar eliminated by each kidney after a hypodermic injection of methylene blue and phloridzin respectively. When dealing with pyogenic affections of the kidney, the writer always looks for abrasions and suppurations of other parts of the body, which are so often associated with such conditions. The diagnosis of surgical renal diseases is especially difficult in their initial stages; but careful examination of the patient according to the plan outlined above will afford data that will greatly facilitate the solution of the problem.

The Contagiousness of Gumma.— C. M. Williams says (Med. Rec.) that if the spirochete is the specific organism of syphilis it must exist in gummata, though in such small numbers that up to the present it has escaped detection. The cases in which exposure to tertiary lesions have been followed by contagion are not sufficiently numerous and carefully reported to bring conviction to even a conservative mind. The experiments which have been conducted in relation to this problem are conclusive and prove that a gumma may be capable of transmitting the disease. This does not mean that a gumma is always contagious. The writer thinks that it is probable that the living growing border is always infectious. He explains the rarity of examples of infection by the fact that the organism is present in such scanty numbers and has so little chance to reach fertile soil. But his belief is not proven. Whatever may be the explanation of the various questions relating to the contagiousness of gumma, however, the practical lesson is the same. As long as a man shows any sign of syphilis so long must he be considered a source of danger to the community.

Spirocheta Pallida.—W. C. Alvarez, San Francisco (Jour. A. M. A.) reviews the history of the discovery of this parasite in syphilis, describes its characters and the technic of examination for its presence. Brief reports of 10 cases of syphilis, in 7 of which it was found, also several control cases are reported. In two of the three negative cases the failure to find it may have been due to too superficial examination; the other was a tertiary case. In three of the control cases somewhat similar organisms were found, but differing in certain characters. The author considers the fact of the constant presence of this spirochete in the lesions of syphilis, its absence in non-syphilitic lesions, its presence in the organs of congenital syphilitics and the placenta, its presence in syphilis-infected mon-

keys, its greatest abundance in the most infected lesions, the retention of syphilitic virus on the unglazed filter showing that the organism is not ultra-microscopic, the fact that it seems to be morphologically more distinct as a species than the other spiral organisms and that it seems to be more highly differentiated as a parasite and soon disappears when removed from living tissues, all significant as bearing on its causal relation to syphilis. When we are able to cultivate it successfully he thinks that we may obtain curative and immunizing sera for this disease.

The Anatomy of the Inguinal Region.—The anatomy of the region of the inguinal canal is described by T. C. Witherspoon, St. Louis (Jour. A. M. A.) on the basis of some fifty dissections. He summarizes his conclusions substantially as follows: The internal abdominal opening is located in the extraperitoneal fatty tissue. Hesselbach's ligament is formed of fibrous bundles from the outer end of Douglas's semi-lunar fold to the inner margin of the internal abdominal opening. The bundles are developed chiefly in the extraperitoneal fatty tissue and are closely connected along their course with the transversalis fascia. During intra-abdominal pressure this ligament, by its resistance, helps to enlarge the internal abdominal opening. The inguinal area of the internal abdominal wall is divided into two planes by Hesselbach's ligament, the more lateral one of which is normally advance of the other, but weakening of its muscles by disease or old age greatly exaggerates the difference. The internal abdominal opening being situated at the junction of the two planes, the greater the difference the more patulous the opening and the greater the liability of the escape of a viscus. The transversalis fascia nowhere joins Poupart's ligament. The deep crural arch is formed by the junction of the transversalis and cremasteric fascias in the arch in front of the external iliac vessels as they pass into the thigh. The free (posterior) edge of Gimbernat's ligament is just external to and parallel with the deep crural arch. The fibrous bundles passing out of the pelvis into the so-called conjoined tendon give the abdominal wall its chief strength internal (posterior) to the inguinal canal. The aponeurosis of the transversalis muscle strengthens it just internal (posterior) to the external abdominal ring. The base of the conjoined tendon, the lateral edge of which is formed by the fibrous bundles from the pelvis, is the constricting agent in femoral hernia. In no case was the conjoined tendon formed by the union of fibers from the internal oblique and transversalis muscles, and this seems quite impossible with the usual anatomic arrangements. The external abdominal opening lies between the dividing fibers of the external oblique aponeurosis. The external abdominal ring is situated in the periaponeurosis which covers the external abdominal opening.

MEDICAL MISCELLANY

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FOR cracked nipples, brush them once a day with tincture chloride of iron. The results will surprise you and you will have one on the old moss-back doctor who carries nothing but a lump of gum opium and a few c.c. pills.

THE RELATION OF THE MEDICAL PROFESSION TO THE SOCIAL EVIL.—R. N. Willson, Philadelphia (Jour. A. M. A.), calls the medical profession to time for neglecting its duty as regards venereal infection. The social evil as conducive to disease comes particularly within the province of the physician as a guardian of the public welfare, but we neglect our duty and disguise its results under the names of apoplexy, brain softening and locomotor ataxia, "which injure by their silence in the neighborhood of curable misfortune and guilt." He shows how this evil breaks up homes, cuts off the legitimate birthright of innocent children and ruins the health and shortens the lives of innocent wives and mothers. He quotes letters of leading gynecologists, showing that some of them estimate that from 50 to 90 per cent of pelvic suppurations are due to this cause, and he shows how much is the public loss from the mortality, disablement, blindness, insanity, etc., from this evil. The remedy, as he sees it, lies largely in our imparting a sane knowledge of the normal sexual functions to our patients, in instructing parents as to the prevalence of abuse of these functions and its results, in making the criminal false modesty that has led and almost forced the medical profession to be silent on this matter, give way to measures calculated actively to protect the public. Societies should be formed for the prevention and study of this social disease, the work of which should be essentially educational, and in every phase of the consideration of the subject, public and private, strict emphasis should be laid on the dignity and nobility of a pure sexual life. We cannot cleanse the world of venereal disease in a day or in a lifetime, but effort will not be fruitless and the problem will eventually be worked out.

After operation for empyema, a cover of oiled silk or gutta-percha over the gauze dressing serves to prevent admission of air into the pleural cavity, while it will not interfere with the escape of air already in the chest. Indeed, a flap of rubber may be laid over the wound and fastened, with a little chloroform above. This allows pus to escape from beneath it and excludes the admission of air.—Amer. Jour. of Surg.

Some Observations on Prostatectomy.—L. Bolton Bangs considers the following factors in deciding whether or not to advise prostatectomy: the general condition of the patient, his social condition and environment, his temperament and his accessibility to judicious medical advice and assistance; whether or not catheter life is likely to fail, and, if it has failed, in what degree; and, finally, what measure of relief is to be gained if, after the operation, some imperfection should remain which is insignificant in comparison with the prior condition. The writer then gives the histories of a number of patients which show how often significant symptoms are unappreciated or overlooked. He speaks of certain cases in which small prostates have been removed when there were few or no signs of obstruction. In these cases it was not recognized that chronic interstitial cystitis had reduced the capacity of the bladder so that frequent urination had become a necessity. Each case must be studied by itself. The final outcome of the operation cannot be foretold definitely, but when the indications are clear it can be wisely advised on account of the great relief and comfort which result.—Med. Record.

American Medical Editors' Association.—The thirty-seventh annual meeting of the society was held in Boston on June 4, under the presidency of Henry Waldo Coe, M.D., of Portland, Oregon. In its many years of existence this was the most satisfactory session ever held, not only in point of attendance, but the character of papers presented as well as the many applications received for membership. This association now numbers over one hundred and forty-five members, representing ninety-two of the leading medical journals in America. Interesting and timely papers were read by Drs. Frank P. Foster, Harold N Moyer, W. C. Abbott, Walter M. Brickner, James Evelyn Pilcher, Kenneth Millican, J. J. Taylor, William J. Robinson, T. D. Crothers, John Punton and Charles Wood Fassett. The officers elected for 1906-07 were as follows: President, James Evelyn Pilcher; first vice-president, Frank P. Foster; second vice-president, Charles F. Taylor; secretary and treasurer, Joseph MacDonald, Jr., New York. The annual banquet held at the University Club was, as usual, the social event of the week. About seventy-five covers were laid.

The Feeding of Infants During the Hot Weather.—I. L. Polozker states that almost invariably infantile troubles are due to improper feeding. Mother's milk should always be examined by the physician from time to time while she is nursing the infant, according to Holt's simple method. The ideal wet nurse exists only in the imagination, in this country. Laboratory milk, properly prescribed, is one of the most valuable resources of the physician. Infants cannot all be fed alike. Even those of the same age and weight cannot always be fed on the same formula. It is the digestive capacity of the child which should be the governing factor. In speaking of the preventive measures in the treatment of summer diarrhea, the writer advocates a laboratory milk or a good clean milk. The mother ought to be educated in the care of the child when diarrhea occurs. As soon as this condition appears a teaspoonful of castor oil should be given to the patient, but no food. Whiskey in water and rice or barley water are also indicated. Only half the quantity of milk that the child can take in health should be fed to it. The mothers should be taught the importance of various hygienic measures, and should be instructed in the value of fresh air, water excursions, clothing for the children, bathing, and the proper care of the napkins.—Med. Rec.

Physicians and Proprietary Remedies.—G. B. Kuykendall, Pomeroy, Wash. (Jour. A. M. A.), condemns physicians who permit their names to be used by manufacturers of proprietary drugs, and believes that the profession generally has allowed the drug vendors to do their thinking for them altogether too much. It is not the rank and file that is altogether to blame, he says, there are many so-called medical journals that devote their advertising columns and even their pages to the interests of nostrum makers. While the manufactureres have done much to advance "elegant pharmacy," they have so manipulated many useful drugs that their elegance far outruns their usefulness. Some, too, of the houses we have been considering as reliable, have been guilty of slips into unethical practices, and he gives several rather pointed instances of this. He pleads for independent study in our prescribing and less dependence on the proprietary medicine makers.

Dr. Stern has used formic acid with benefit in cancer, and thinks it has certainly delayed the fatal issue in a number of inoperable cases.

BOSTON MEDICAL LIBRARY 1907

SOCIETY PROCEEDINGS

ST. LOUIS MEDICAL SOCIETY.

Regular meeting held June 16, 1906. The president, Dr. Geo. Homan, in the chair.

SYMPOSIUM ON CANCEROUS AND TUBERCULAR SKIN DISEASE.

THE SURGICAL TREATMENT OF EPITHELIOMA.

Dr. M. B. Clopton said that surgical interference in new growths is not difficult in the early stages. Opposed to this view stand two factions: First, the "medical-cancer-fatalists" who first decry malignant diagnosis and then by sceptical allusions make the patient of the same mind; second, the group which fears the knife and are willing to undergo anything to avoid operation. The first lesson to be learned about this condition is that the earliest removal of sufficient epitheliomatous tissue insures perfect cure. A second lesson which has been learned is that in cases apparently hopeless by a combination of wide excision of the epitheliomatous growth with the application of the X-rays, years can be added to the patient's otherwise short lease of life.

Rodent ulcer and true squamous epithelioma are the two classes of epitheliomata. Rodent ulcers are seen on the wings of the nose and on the borders of the mouth. Tissue from these regions cannot well be spared in operating by excision. If rodent ulcer is taken immediately after diagnosis, painless excision with cocaine anesthesia is practically scarless. A limited application of X-rays after this gives perfect cures.

The application of X-rays requires a technique that only a few operators are successful enough to acquire. In unskilful hands, the ray may exert an opposite function and stimulate the malignant cells. In excising round the ulcer, the operation should go at least one-half inch into tissue to insure perfect results. Inasmuch as rodent ulcer is not carried to the glands, the operation resolves itself into a plastic operation. In the larger growths there is a certain element of danger and in some cases the cause of death has been erysipelas, pyemia and meningitis. These causes ought to be eliminated and the mortality reduced. The reasons for bad results are the usage of caustics and infrequent use of the X-ray. Patients who are not cured are benefited, and there is always a marvelous relief of pain.

It is no longer correct to use the old three-year limit of the disease, but the five-year limit is used now. With this five-year limit of cure, there is a higher percentage of cure than there was before the days of the X-rays.

True epithelioma which attacks the lips is almost as slow as rodent ulcer, or it may take on the picture of an acute infection and patient will die within a few months. The submiliary glands become involved in this condition, and it is best to remove them. Most cases adapt themselves to a V-shaped incision through which the lymph glands of the neck can be removed. Lip cancers should be excised and then the rays applied. The glands should always be removed. In lip cancer the mortality is less than 1% with percentage of cures of 56% of all cases. This is better than is given by operative interference in any other locality. The condition is hopeless and operation useless if the bone is involved.

What has been said of epithelioma of the lip is true of cancer elsewhere. These growths may take on a rapid growth at any time, and may be transferred to the lymphatic channels in the vicinity. It is a question whether the operator should go after the lymphatic channels in all cases. In the early stages, excision is the correct procedure in any part of the body. If there is a suspicion that there is a growth at the bottom of the wound, the wound should be left open and the rays applied to the bottom.

The two points which Dr. Clopton wished to impress were: First, that early interference is especially recommended; secondly, that no case is so hopeless that we may not expect some relief to the part upon which we wish to use the ray.

X-RAY TREATMENT OF EPITHELIOMA.

Dr. H. P. Wells discussed the X-ray treatment of epithelioma. He said that he wanted to offer one case which would speak eloquently of this treatment. He said that he agreed with the preceding speaker who said that the best results depend upon the technique of the operator. Many have turned their backs upon the ray, because they failed to get results from their technique. Without disparagement of a predecessor in office at the Skin and Cancer Hospital, he wished to state that he had taken a few cases some weeks ago on taking charge of this department and had obtained gratifying results where no improvement had been taking place previously under X-ray treatment. It occurred to him that he was justified in some bad cases of cancer of the skin in burning them severely. He did so. Instead of eight or ten inch tube distance, he placed the tube two or three inches from the lesion, with a soft light and with exposures of from fifteen to twenty minutes. The ultimate effect was satisfactory, as shown

by the one case which the doctor presented later.

Dr. Wells stated that radio-therapy is a thing which must be left to the specialist who is giving all, or most of his time to this kind of work. He showed photographs of the man's face to illustrate the bad condition before treatment and the man was present in person to give evidence of the results obtained. There was one point the doctor wished to touch upon, and that was the need of having some means of measuring the dosage of the rays. There have been several radiometers devised for the purpose of quantitatively analyzing the rays, but so far there has been no effective instrument for measuring dosage. There seems to be in the little instrument used at the Boston Hospital a new means of getting over this drawback. It consists of interposing a piece of radium and a qualitative measure is obtained by interposing a piece of aluminum in the path of the ray, in this way telling the degree of effect upon the skin.

PRESENTATION OF CASES OF SKIN CANCER TREATED BY X-RAYS.

Dr. W.H. Mook presented a number of interesting cases. The first case presented was a patient of 66 years, family history negative. Present trouble began five years ago with a lesion on the nose, the entire surface of the nose and cheeks being gradually affected. There was ulceration and pustulation of the entire nose and cheeks when he entered the Skin and Cancer Hospital, also a lesion on the side of the neck. Over the left temple was a small ulcerated tumor. There was a keratotic condition of the skin of the hands, known as "sailor's skin," with pigmentation and an atropic condition. This patient was treated for 12 months without results. Six weeks ago Dr. Wells increased the dosage of the rays with beneficial effects.

The next case presented was a lupus condition. The patient was thirty years of age. After an attack of erysipelas, this lupus condition extended all over the face. Mucosa shows tubercles. There is a lymphatic edema, illustrating a rare form of lupus. Histological examination shows small tubercles deep in the cutis, composed of round cells and giant cells. Tuberculosis of the skin is comparatively rare in St. Louis as compared to other cities. The mistake is often made of diagnosing lupus when it is really true epithelioma. The patient shows some improvement under X-ray treatment.

Case 4, next presented, female of 19 years of age; ten years ago she suffered a severe burn of the thigh. The left posterior side refused to heal. When patient entered the hospital, two-thirds of the posterior surface of the left thigh was affected, presenting the picture of a fungating carcinoma. The edges of the wound were elevated. Inguinal glands were enlarged. X-ray treatment was given with improvement. The patient is suffering from pulmonary tuberculosis also, but in spite of this, she continues to improve in weight.

PRESENTATION OF CASE OF CARCINOMA AND LUPUS.

Dr. Joseph Grindon presented a case of carcinoma and lupus. He said that lupus tissue has a special tendency to develop carcinomatous changes. The lupus element in his case was the most striking. He wanted to say something first about lupus. This case presented two remarkable points: First, is that the patient is an American of American parentage on both sides, and American lupus is comparatively rare. Lupus is comparatively rare and the few cases which the speaker said he had seen have been in persons of European parentage, mostly Austrian. Another point that is interesting is that although the tuberculosis of the skin in this case is well marked, the patient's general health is excellent. The trouble is purely local. A third point of interest is the length of time, 57 years, which the disease has lasted. There is a characteristic appearance of the nose, the disappearance of all the cartilaginous tissue therefrom.

Dr. Grindon then showed a picture of the case, showing the lupus tissue undergoing carcinomatous change. There developed at one time during the treatment of this case a burn from the rays upon the right cheek, burn of the second degree. It yielded without trouble to treatment, yet precisely at that point there developed the carcinomatous change. Whether it was caused by the burn or whether it was merely a coincidence, the speaker did not know.

Dr. Grindon called attention to the fact that the face of this patient was simply one cicatrix. The lupus is entirely healed, but there are few places which are "lupoid." There existed in this case a troublesome nasal catarrh which was lupus in character, and that is now entirely well. The X-rays was used to treat the carcinoma on the cheek without result. Dr. Morfit excised the growth and it returned. A second operation was performed. Ectropion followed. After the lupus was cured, operation for the relief of the ectropion can be safely performed.

Dr. Grindon then showed some pictures of cases treated by him. He said that he had treated superficial growths with success and deep growths with uniform failure.

RADIOGRAPHS OF INTERESTING CASES.

Dr. A. V. L. Brokaw showed a great number of radiographs of interesting cases. He said that all the pictures which he showed were of the "snap-shot" variety, that is, taken immediately when the case presented itself in his surgical practice for the purpose of assisting in diagnosis and pointing to the proper treatment of the cases. He showed a picture of a vesical calculus, pictures of bullets in the body, fractures and dislocations of all kinds and variations. He showed one picture of a Murphy button in situ, and also one picture of a "lost drainage" tube. A number of other pictures were shown, illustrating the usefulness to the practical surgeon of X-ray pictures.

DISCUSSION.

Dr. H. P. Wells said that he wanted to qualify the remarks he had made in treating bad cases by severe burning with the rays. He hardly recommended the method he had used in his cases to the private practitioner, because the reaction was so severe, because the patient might leave him at the time when he was getting the erysipelatous condition. He said that he could afford to produce this condition at the hospital where he was enabled to handle the material in any way he judged fit and right. He said the reaction produced by the severe treatment resembles erysipelas. Sometimes the edema is very severe, but it subsides readily. He said that he had never seen any improvement during the radiation, but the improvement occurs while the patients are resting after radiation has been stopped.

Dr. J. J. Miller said that the radiographs shown by Dr. Brokaw recalled a case which he saw during the Civil War, in 1864.

One of the patients at the Libby prison asked him to open a "boil" on his chin. He opened it and a minie ball was found in it. The point of entrance for this ball was at the point of the shoulder. Unfortunately, he said, the society would have to take his word for the occurrence, as he was unable to get a radiograph at that time! (1864).

A NEW MICHIGAN STATE MEDICAL SOCIETY.—At a meeting of physicians and surgeons of Grand Rapids, on June 11, a committee was appointed to formulate a plan of action looking toward the organization of a new and independent State Medical society. The new organization will be independent of the American Medical Association. The committee is composed of Drs. Perry Schurtz, J. B. Griswold, J. Kirkland, Charles E. Hooker and Henry Hulst.

MEDICAL SOCIETY OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.

Stated meeting held April 2, 1906. The President, Dr. J. J. MacPhee, in the chair.

INTESTINAL DEPRESSOR.

This instrument was presented by Dr. J. E. Fuld, who devised it for the purpose of depressing the intestines to prevent them from extruding into the abdominal wound and interfering with the operator. Gauze pads are usually inserted to overcome this difficulty. The instrument has proved of value in pushing aside not only the intestines, but the other abdominal contents as well, thus affording the operator a full view of the area to be inspected.

The instrument is of polished steel, and shaped something like the ordinary glass tongue depressor, being eight inches long, one and one half inches wide at one end and three-fourths of an inch wide at the other.

TUBERCULOSIS OF THE CARPUS.

This patient was presented by Dr. V. C. Pedersen. She was a young woman who had suffered from tuberculosis of the wrist for many years. Several years ago a palmar operation was performed in a small town up the State, but there are no evidences that tuberculosis ever existed in the hand. Two years ago the wrist was operated on, a median incision being made, and a year ago two lateral incisions were made. The wrist is now free from pain, and except for the ankylosis of the joints which followed the first operation, there is no difficulty in using the wrist.

In dealing with tuberculosis of the wrist, the speaker said that an operator often forgets the divercitulum of synovial tissue which passes upward between the radius and the ulna. At the last operation performed upon this patient, it was at this point that the first foci of tuberculosis was found. The largest synovial pouch passes forward between the surfaces of the metacarpal bones, and here was found the second foci. Both foci were removed and the patient recovered. As a matter of precaution, she is wearing a metal splint while performing her household duties. The ankylosis of the fingers is the result of the operation performed four years ago, and nothing seems to correct it.

GUMMA OF THE FRONTAL BONE.

Dr. Pedersen also presented this patient. He first saw the man last summer, eight weeks after he had received a violent blow on the head. At that time there was a tumor,

which was supposed to be an adenoma, partly chanchroidal, partly syphilitic. It travelled down under the skin, down into the fatty tissue, eating out large masses of the tissue, and finally was stopped by bromidia water. Soon after the lesion on the head broke and took on the characteristics of a specific lesion and was dressed surgically. There seemed to be a fissure in the skull, which had been previously treated, and exfoliation of the bone took place. There was no temperature except that which would naturally accompany anemia. At one time the lesion was thought to be tubercular, but recovery under specific treatment seemed to confirm the diagnosis of gumma with profound anemia.

The next patient, also presented by Dr. Pedersen, came to the House of Relief two weeks previously, having been discharged from one of the city hospitals. The nails and the tissue surrounding them showed evidence of great destruction on the left foot, and there was a great deal of pus. The interesting question as whether to apply blue ointment or a wet dressing. The patient's conditions of life made it impossible for him to obtain any benefit from a wet dressing, so blue ointment was used, with beneficial results. The foot presented an appearance very similar to nephritis, but the other foot is not at all swollen.

VARICOSE VEINS.

Dr. Alexander Lyle presented a patient, 48 years of age, who had had scarlet fever and whooping cough as a child, and typhoid fever when 28 years of age. He was a heavy smoker and beer drinker. Present trouble dates back twenty years to swelling of the ankles. The veins of the right leg ulcerated several years ago, and a diagnosis of varicose veins was made. The ulcers are very large in both legs, but cause the patient no discomfort. The speaker concluded that at the time of the typhoid a thrombus had formed in the injured vena cava, and the superficial veins and taken up the circulation. No abdominal tumor can be located, and the veins all originate above the brim of the pelvis.

NEPHRECTOMY.

Dr. F. C. Yeoman reported this case. The patient, aged 56, had been a heavy consumer of alcohol. About seven months previous to operation he was siezed with a severe pain in the right groin, shooting downward to the groin and corona glandis, and the next passed blood clots in his urine, but never passed any gravel to his knowledge. During the next three months he had attacks resembling renal colic at intervals of from two to five weeks, passing clots but no stone. During the past two months he had suffered severe intermittent pain during the night, beginning with the hypochondrium and extending over to the mid line; also intermittent pain referred to the knees, more marked on the right side. The urine of late has been free from albumin and never showed any crystals.

The patient's strength gradually diminished, and he lost about 45 pounds in weight. No tumor could be felt seven months ago, but during the past three months a mass gradually increasing in size has occupied the right hypochondrium. Patient would not permit cystoscopy.

He was admitted to the Polyclinic Hospital February 15th, demanding operation for the relief of intolerable pain, although he had refused all previous suggestions of surgical interference.

His lungs, on physical examination, were found to be normal; heart sounds soft, no murmur; radials moderately thickened. The abdomen was relaxed and the upper limit of liver dulness diminished one intercostal space. The right hypochondrium showed a tumor ovoid below, descending on deep inspiration to a position opposite the umbilicus. On pressure it took the position occupied by the normal kidney. Blood examination showed a white count of 8,000, hemoglobin, 100%.

A right nephrectomy was done on February 20th. The operation was difficult, as the kidney was about three times the normal size, covered with a network of veins, and adherent on all sides. Wound was closed, except for cigarette drains at angles. The time of operation was one and one-half hours, and the patient rallied fairly well; but the following two days there was almost total suppression of urine, only two ounces being secreted. Thereafter his condition improved, and he secreted about the same amount and character of urine as before the operation; but at the end of a week he began to fail, and died on the eighth day. Autopsy was refused, and thus the opportunity of discovering if metastases had occurred was lost.

A cursory review of the reported cases of hypernephroma warrants the following tentative conclusions: Metastases is the rule, especially to the liver, lungs and bones. These tumors have a tendency to spread and involve veins, but not lymphatics. The renal brim is usually involved, and sometimes the cava, but does not obstruct sufficiently to cause edema of the extremities. In a few cases the growth long remains local and can be sucessfully removed. Clinically, the symptom that may be of diagnostic value is bleeding and its results. Tumor and pain are

present as in several other renal affections. Periodical attacks of hemorrhage, with frequency of micturition, often with passage of clots, seem characteristic. These clots sometimes block the ureter, cause diminished urine, and the pain is referred to the corona glandis. Between the attacks of bleeding there is fairly constant pain in the back. A fresh hemorrhage relieves the pain, thus contrasting with pain and bleeding connected with the passage of stone.

PATHOLOGIC SPECIMENS.

Professor J. H. Larkin, of Columbia University, presented some pathological specimens of great interest and gave the history of each, in so far as he was able to obtain it. The first were of diseased appendages, a field of surgical research which is becoming more and more important. Until a few years ago it was supposed that lesions of the pancreas, as found at post-mortem examinations, were fairly well understood, but little was known of the etiological significance; but now pathologists are able to show the causative factor. Its close relationship to cholelithiasis and other diseases of the intestinal tract has been understood for some time. The clinical histories in these cases are very similar. There is usually a severe onset of gastric pain that at times is almost diagnostic to the surgeon of appendicitis or intestinal obstruction and many patients have been operated on for one or the other of these conditions. In the majority of cases, stone in the ampulla duct has been a very common factor.

The specimen presented was mounted so as to preserve its normal color. On the right side was a portion of the duct and on the left a portion of the pancreas. It is presumed that one or more stones had been passed in this case, because of the immense dilatation of the common duct. The lesion is easily explained, and experiments have reproduced exactly the same condition. The stone passes down into the common duct and is impacted at Bardes' ampulla, and this leaves a continuous passage from the common duct to the ampulla, and the bile, instead of going down, is sidetracked and goes directly into the pancreas, and this produces hemorrhagic pancreatitis. This can be reproduced by putting bile into the pancreatic duct, or a solution of hydrochloric acid will produce the same result.

The next specimen presented also showed the connection of the pancreas with the duct, and also showed the gall-bladder with an immense amount of stone. Several interesting brain specimens were presented, but no clinical histories would be obtained. One specimen had been taken from a patient who had been under observation for some time, and a diagnosis of cerebral abscess had been made. The specimen showed one side of the brain, with the cerebellum and 1 cc. of hemorrhagic blood which had been removed at time of operation.

FOURTH OF JULY EYE INJURIES.—R. L. Randolph, Baltimore (Jour. A. M. A., July 7), has collected over 500 cases of eye injury occurring from fireworks during the last few years, some variety of fire crackers being usually responsible for the injury. He gives the result of work in stirring up public sentiment showing a decided decrease of such injuries in Baltimore. He laid the statistics before the leading newspapers and before the police, and secured the publication of strenuous articles on the subject and also the issuance of stringent orders to enforce the laws. He believes that much can be done in other cities by ophthalmologists in the same way, and that in due season we may be able to educate the public and to accustom it to a quiet and sensible celebrations of the holidays.

THE INTERNATIONAL POSTAL CONGRESS.—A congress of the greatest importance to the world in general has been conducting its deliberations modestly and quietly in the Italian capital. We refer to the International Postal Congress, whose conclusions have been a useful and practical contribution to internationalism. In the first place the international letter weight unit has been raised from half an ounce to an ounce, making the rate five cents (or the equivalent in the money of other countries) for the first ounce and three cents for each additional ounce. There is also to be the equivalent of an international stamp, in the form of an international postal order, for five cents, which will be exchangeable for a stamp of the same value in any country of the union—this for "return" postage. A number of proposals were made to reduce the unit from five cents to four (the British "tup-pence"), but these were defeated. Our own currency system prevents our taking much interest in this proposal, since a nickel is a much more convenient unit than four cents. The new regulations will no doubt result in a great extension of the postal business throughout the world, and will in all probability thereby increase the revenues of the postoffices in all civilized countries. The international postal exchange order marks an interesting advance in the peaceful business relations between nations. In all probability it will prove the germ of international currency of the future. —American Monthly Review of Reviews.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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FAVORITE PRESCRIPTIONS

PURULENT OPHTHALMIA.—Wm. F. Rielly, of Covington, Ky., writes that he has used hydrastine hydrochloride (Merck) in purulent ophthalmia for the past three years, and never yet has it failed him. He considers it the best remedy to give for home use, especially where a trained nurse is not in attendance. He prescribes the following formula:

℞ Hydrastine hydrochlor. (white crystals)..... gr. v
Magendia solut. morphine..... gtt. xv
Dest. aq..... ℥ j

After cleansing, instill two drops in the eye, and repeat every half hour, as long as there is pus.—Merck's Archives.

ORCHITIS.—Lutaud combats the pain of orchitis by the administration of cachets containing seven and one-half gr. of quinine sulphate. In the majority of cases pain is arrested after the first dose, and it is unnecessary to give an injection of morphine. At the same time the following is applied locally:

℞ Methyl salicylatis..... ℥ vj
Guaiacoli.....
Vaselini,.....aa ℥ j

M. Sig. Apply locally once or twice daily. —Medicine.

EXOPHTHALMUS AFTER ACCIDENTS.—Kiliani states that the appearance of exophthalmus immediately or shortly after the accident is an absolutely reliable sign of a hemorrhage from within, and therefore of a fracture of the base of the skull.—Denver Medical Times.

CHRONIC RHINITIS.—In chronic rhinitis the following may be used:

℞ Cocainae hydrochlor..... gr. 2
Camphorae.....
Aluminis.....aa gr. 2½
Menthol..... gr. ¾
Sacchari.....q. s.

M. Ft. pulvis. Sig. As an insufflation into the nares twice daily.—Med. Chir. Jour.

NASAL CATARRH.—

℞ Glyceriti iodo-tannici ..... fl ℥ j

Sig. Use locally on swab, after cleansing with alkaline spray.

Indication.—Used in atrophic rhinitis.—Ex.

FACIAL ACNE.—Shoemaker (Med. Bulletin) recommends the following:

℞ Ferri pyrophosphites..... gr. j
Calcii sulphili ..... gr. ss
Strychnine sulphatis..... gr. 1-80
Quinine sulphatis..... gr. 1

M. et ft. capsul. No. j. Sig. One such pill three times a day.

Locally:

℞ Ungt. hydrarg. nitrat..... ℥ j
Lanolini..... ℥ ss
Camphorae ..... gr. xx
Beta-naphtolis..... gr. xv
Ungt. zinci oxidi benzoat..... ℥ ss

M. et ft. ungt.—The Southern Practitioner.

BROMIDROSIS.—

℞ Hydrarg. chlor. corros..... gr. j
Spir. odorati..... fl. ℥ xvj

M. Sig. Apply several times after bathing.

Indication.—For bromidrosis of axillae.—Ex.

WATER ANESTHESIA FOR REMOVAL OF HEMORRHOIDS.—Charlotte Medical Journal, in discoursing upon the subject, describes Gant's method as follows: The operation is performed by placing the patient in the knee-chest position. The sphincter is gradually dilated and patient is told to "bear down." By this means the hemorrhoids are brought into view. A large sized hypodermic syringe filled with distilled water is then taken and the water injected into the pile until the mucous membrane over the pile becomes blanched. Then an incision is made through the mucous membrane about the base of the pile, ligature applied and the pile cut away. This is the same as the ligature operation under anesthetic. The clamp and cautery could be used in place of ligature. The patient is allowed to go on about his work, having the parts examined and dressed every other day. They do not complain of any after-pain and ligatures soon slough off and parts heal.—Ex.